



***Application Summary***  
**State Community Development Block Grant –**  
**General Allocation/Economic Development Freeze Disaster**

**1.a Application Information**

Applicant  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
County: \_\_\_\_\_

\_\_\_\_\_ Check here if this is a Joint Application and complete a summary page for each applicant.

**1.b Authorized Representative Information (per the Resolution)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_

\_\_\_\_\_ Check if the address information is the same as above in 1.a, if not fill in information below.

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1.c Applicant Contact Information**

\_\_\_\_\_ Check if the contact information is the same above in 1.b, if not fill in information below.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Requested Funding for All Proposed Activities				
Activity	Amount Requested	Program Operator		
General Administration	\$	____ Applicant Staff ____ Other Agency		
<b>Public Services</b>				
	\$	____ Applicant Staff ____ Other Agency		
	\$			
Activity TOTAL	\$			
<b>Economic Development</b>				
	\$	____ Applicant Staff ____ Other Agency		
	\$			
	\$			
Activity TOTAL	\$			

3. Target Populations	
1. Physically Disabled	9. Seniors
2. Persons with AIDS	10. Mentally Ill
3. Youths	11. Veterans
4. Single Adults	12. Victims of Domestic Violence
5. Single Men	13. Substance Abusers
6. Single Women	14. Dually-Diagnosed
7. Families	15. Homeless
8. Farmworkers	16. Other: _____

#### 4. Legislative Representative Information

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

	District #	First Name	Last Name
Assembly			
Senate			
Congress			

## PART B. – Required Certifications and Documentation

### 1. Resolution of the Governing Body. *This document is required.* See sample in Appendices.

The Resolution submitted with this application must:

- ☐ be an **original or an original certified copy** of the Resolution; and
- ☐ authorize submission of the application; and
- ☐ approve the application's contents (funding requested, activities, committed leverage, etc.); and
- ☐ authorize its execution (and any amendments thereto); and
- ☐ designate a person authorized to enter into an agreement, if funded.

CDBG strongly recommends that applicants use the suggested language in the sample (Appendices).

### 2. Statement of Assurances. *This document is required.*

All applicants must use the form provided by the State (See Appendices). Original signature is required from Chief Executive Officer (in blue ink)

### 3. Hold Out Status

Has the applicant received written **hold out letter** from the Department?

☐ Yes. If yes, see note below.

☐ No.

**Hold out waiver will be made for this Urgent Need Application Only** from the Department?

### 4. Housing Element Status. *CDBG compliance is required.*

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Elements. Call Paul McDougall with the Housing Element Unit at 916-322-7995 to verify your status. **Housing element compliance will be a special condition in the contract. No funds will be released until all special conditions have been met.**

### 5. Compliance with OMB Circular A-133.

All applicants must use the form provided in Appendices. Complete form and have signed in blue ink.

## PART B. – Required Certifications and Documentation

### 6. Residential Anti-Displacement and Relocation Assistance Plan Checklist. *This document is required..*

1. Does the proposed activity include acquisition of real property?  
☐ NO. (If no, go to #3)  
☐ YES. If yes, check the appropriate box below **and** answer questions 2, 3, and 4.
  - ☐ Site is under option to purchase.
  - ☐ Site is identified but no negotiations have taken place.
  - ☐ Sites not identified (HStop and go on to next Section)
2. Will site acquisition require use of eminent domain?  
☐ YES. ☐ NO.
3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?  
☐ YES. The applicant must provide documentation showing that persons in the project have received a general information notice. Applicant must also provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.  
☐ NO. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).
4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?  
☐ YES. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.  
☐ NO.

## PART B. – Required Certifications and Documentation

### 7. Growth Control. *This information is required.*

Has the applicant enacted limitations on residential construction, which limitations are not establishing agricultural preserves, not imposed by another agency, or not based on a health and safety need?

☐ Yes. If yes, see note below.

☐ No.

NOTE: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), check "Yes" and attach a copy of the measure in this section of the application.

### 8. Joint Powers Agreement. *This form may be required.*

An Agreement is required by the CDBG Regulations, Section 7060(c) as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare an Agreement if the following conditions exist:

- if one application is submitted by two or more jurisdictions, or
- if a county is applying on behalf of a city in the same county, or
- if a county applicant is applying on behalf of itself and a city in the same county

Section 7060(c) provides that such agreements must be on forms provided by the Department. Contact your CDBG Representative to obtain a copy.

Additional provisions may be added by applicants either by attachments to the agreement or by typing additional provisions or exceptions into the spaces provided on the form. Space has been left between each paragraph for applicants to modify any provisions to fit the applicant's particular situation. The applicant should enter "not applicable" if a provision clearly has no meaning in light of the activities proposed. Do not leave any lines blank.

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.

## PART B. – Required Certifications and Documentation

### 9. NEPA Environmental Certification.

If the proposed activity will include administration, engineering, architectural, or other related services prior to project implementation, the jurisdiction must prepare a Finding of Exemption before beginning work on any of these services (such services are exempt under Part 58.34 of the Federal environmental regulations pertaining to CDBG recipients). In addition to the Finding of Exemption, the Environmental Form 58.6 must also be prepared for each exempt activity.

The jurisdiction may choose to provide this environmental certification (Finding of Exemption and Form 58.6) with this application.

If this application is funded, provision of this certification will expedite commencement of service work upon execution of the State contract.

**Additional environmental review documents will be needed after contract execution for other phases of project implementation.**

#### Finding of Exemption

It is the finding of the City/County of \_\_\_\_\_ that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(ies) judged exempt consist(s) of:

##### Brief Description of Activities:

##### NEPA Citation

General Administration Activities

58.34 (a) (3)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Print/Type Name of Authorized Official (per resolution)

Title

Signature

Date

## PART B. – Required Certifications and Documentation



Pacific/Hawaii Office  
450 Golden Gate Avenue  
San Francisco, California 94102-3448

**ACTIVITY DESCRIPTION:** General Administration

**Level of Environmental Review Determination:** Exempt per 24 CFR 58.34

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

### STATUTES and REGULATIONS listed at 24 CFR 58.6

#### FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

( ☒ ) No; Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed).

( ☐ ) Yes; Source Document: \_\_\_\_\_ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

( ☐ ) Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

( ☐ ) No (**Federal assistance may not be used in the Special Flood Hazards Area**).

#### COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

( ☒ ) No; Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States (This element is completed).

( ☐ ) Yes - **Federal assistance may not be used in such an area.**

#### AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

( ☒ ) No; SD Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3).

( ☐ ) Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

\_\_\_\_\_  
Preparer Signature / Name /Date

\_\_\_\_\_  
Responsible Entity Official Signature / Name / Date



<p><b>10. LEVERAGE FUNDING SOURCES (Private or Local) 10% Match</b></p>
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**Please identify ALL funding sources, for EACH activity in this application.** (funding shown will be placed in grant agreement)

<b>Name of CDBG Activity</b>	<b>Use of Funds</b> (Activity delivery, the activity)	<b>Source of Funds</b> (Name of Source)  Local or Private  <b>include Commitment Letters</b>	<b>Funding Type</b> (loan, grant, in-kind staffing, discounts, donations, etc.)	<b>Dollar Amount</b>	<b>Commitment Date</b>	<b>Page # in application</b>
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
<b>TOTAL</b>				<b>\$</b>		

## 11. Program Income

1. Enter the total amount of Program Income on account  
as of June 30, 2006:

\$ \_\_\_\_\_

2. Enter the amount of Program Income that has been committed to activities in this application:

Activities/projects proposed in **this application** to which Program Income Funds will be added.  
Identify activities:

**Use of Funds**  
(as shown in project's sources and uses)

**Dollar Amount Committed**  
(per Resolution)

Attach Resolution

3. Total Dollar Amount of Program Income funds **Committed** to activities in this application.

\$ \_\_\_\_\_

4. Total Dollar Amount of **Non-Committed** Program Income: (1. – 3.)

\$ \_\_\_\_\_

Note: All Program Income that is being committed to activities in this application must be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed.

# **Disaster Assistance Application**

**Community Development Block Grant Program**

**January 2007 Freeze Allocation**

**March 2007**



**STATE OF CALIFORNIA**

Department of Housing and Community Development  
Division of Financial Assistance  
Community Development Block Grant (CDBG) Program  
1800 Third Street, Suite 330  
Sacramento, CA 95814

Telephone: (916) 552-9398  
Fax: (916) 327-8823

Website: [www.hcd.ca.gov/fa/cdbg/funds](http://www.hcd.ca.gov/fa/cdbg/funds)

**INSTRUCTIONS FOR COMPLETING ACTIVITY FORMS**

**Note:** If more than one activity is being proposed (General Public Service or Economic Development Loan Program), submit a **SEPARATE** Activity Form for each activity.

**A. ACTIVITY DESCRIPTION:**

**1. Use of CDBG funds:**

Indicate what type of CDBG Activity is being undertaken.

☐ General Public Service

☐ Economic Development Business Assistance Loan Program

**Note: Please see the NOFA for detailed description of how CDBG funds can be used and limitations.**

a. Enter the dollar amount for this specific activity.

**2. Program description and environmental clearance information:**

a. Provide a brief description about the project and the services provided. Give information about the use of CDBG funds, what the total cost will be, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries. As relevant, provide information on the number of staff, what service they will be providing, their time base (full/part-time) and pay rate, including benefits, and the duration of time involved for the entire activity.

If you are proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

**Example 1**--County of ABC will use \$45,000 in CDBG funds to purchase a van and pay fuel costs and the salary of a driver who will transport children of the Jonesville Migrant Housing Center to free health, vision, and hearing screening at the clinic in Smithville. A clinic nurse, who will visit the center twice a week, will schedule appointments. The approximate cost of the van is \$30,000 and the salary of the driver is \$8 per hour. (10 hours per week, 24 weeks in a season, multiplied by two seasons). Fuel is expected to cost approximately \$1,000 for the two growing seasons.

**Example 2**--The City of XYZ will use \$175,000 of the grant request to provide the salary and benefits to one full-time caseworker (40 hours per week) and one part-time caseworker (20 hours per week). These

## Freeze Disaster Assistance

staff will provide counseling and outreach to battered spouses for the 30 months of the standard agreement. Full time caseworker salary is \$45,000 per year plus benefits.

**Example 3**--The City of Citrus will use \$200,000 in CDBG funds to make working capital loans to businesses in danger of closing as a result of the freeze.

b. Environmental Clearance.

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities.

If you already have a NEPA environmental review record (ERR) for your proposed project that were prepared by another agency, these documents may or may not satisfy NEPA requirements for HUD purposes. Please contact your CDBG representative for further guidance on avoiding ERR duplication.

**B. URGENT NEED FOR ACTIVITY:**

1. **Urgent Need Description:**

Be as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.

2. **Commitment to Provide Services.** Indicate the service(s) committed to by funding or provider source, and attach documentation.

3. **Documentation of NEED for Urgent Need Services.**

- a. Indicate how the NEED was determined.
- b. Check other sources of supporting need.
- c. Check the appropriate box, and if yes, provide explanation.

**C. NATIONAL OBJECTIVE**

1. **(For Public Service) Targeted Income Group Benefit**

Income restriction: applicants should demonstrate there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the

Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDs, and migrant farm workers.

**2. For Economic Development:**

The Targeted Income Group Benefit National Objective can be met by documenting that for each business assisted, at least 51% of the jobs retained are held by TIG employees. This can be documented using Income Self-Certifications completed by the employees.

The National Objective to prevent or eliminate slums or blight can be met if the assisted business is located in a Redevelopment Area or in an area delineated by the local government that meets the definition of slum, blighted, deteriorated or deteriorating area under state or local law.

**D. PROGRAM READINESS**

The Disaster Relief Plan (draft) will be used to use readiness and implementation of the grant funds under urgent need.

## Freeze Disaster Assistance

### A. ACTIVITY DESCRIPTION:

#### 1. Use of Funds:

Please indicate the proposed uses of the requested CDBG funds (for this activity). ***(Please see the NOFA for detailed description and limitations of these eligible uses.)***

☐ General Public Service

☐ Economic Development Business Assistance Loans

- a. What is the dollar amount of CDBG funds that are proposed for this specific Public Service or Economic Development activity?

\$ \_\_\_\_\_

#### 2. Description of Program:

- a. Please provide a brief description of the service(s) to be provided or Economic Development loan program. *Check the appropriate box above to indicate type of activity.*

- b. Environmental Clearance. See Instructions.

### B. URGENT NEED FOR ACTIVITY:

#### 1. Describe the Activity:

Explain how and to what extent the proposed activity will reduce the impact on the need/problem. Quantify current and proposed levels of service showing clearly the impact of providing CDBG funding. (For example, providing food vouchers to 50 families or assisting 50 families/individuals with rental assistance).

#### Include in your description:

- a. any surveys of intended beneficiaries regarding their needs and the impacts of not having the service.
- b. any surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. (for Economic Development) any surveys or other sources of information on businesses in need of assistance as a result of the freeze.

## Freeze Disaster Assistance

2. **(For General Public Service Only) Commitments from Service Provider:**  
Complete the attached ***Service Provider Documentation Chart***.

Do you have commitments from service providers for the Public Services to be administered?

☐ Yes

☐ No

- Be sure to attach all documentation that you identify.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

3. **(For General Public Service Only) DOCUMENTATION OF NEED for EXISTING Services to be continued or increased**

If multiple services are proposed, you must complete one set of Public Services Activity Forms for each service. (*See instructions for clarification.*)

a. How was the **NEED** determined?

Survey of:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of EXISTING Beneficiaries

☐ per Day ☐ per Week ☐ per Month

Unmet Demand:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of INTENDED Beneficiaries

☐ per Day ☐ per Week ☐ per Month

☐ # Turned Away - \_\_\_\_\_

☐ per Day ☐ per Week ☐ per Month

☐ # of persons on a Waiting List - \_\_\_\_\_

b. **Other:**

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact



## Freeze Disaster Assistance

c. Are there any special impediments for TIG households to access the service where it is located now?

☐ No. (Go to c.)

☐ Yes. Continue with the following questions.

❖ What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:

Is this an ADA accessibility issue?

☐ No

☐ Yes

If yes, what alternatives did you consider and why was this alternative the best solution?

## Freeze Disaster Assistance

### C. NATIONAL OBJECTIVE – TARGETED INCOME GROUP (TIG) BENEFIT

1. For this Public Service activity, how was the TIG percentage determined?

☐ Income Restriction

\_\_\_\_\_ % TIG

☐ Limited Clientele

☐ Other. Explain: \_\_\_\_\_

\_\_\_\_\_ % TIG

☐ Income survey of EXISTING beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>existing</b> beneficiaries:	
Households or persons?	

☐ Income survey of POTENTIAL beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>potential</b> beneficiaries:	
Households or persons?	

2. For this Economic Development activity, indicate which national objective will be met:

☐ TIG Benefit

☐ Prevention or Elimination of Slums or Blight

## Freeze Disaster Assistance

**(For General Public Service)**

### SERVICE PROVIDER DOCUMENTATION CHART

SOURCE	TYPE OF DOCUMENTATION (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support <b>PROBLEM and/or COMMITMENT TO PROVIDE SERVICES</b>	Page # (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem  <input type="checkbox"/> Service Provider Commitment	

## Freeze Disaster Assistance

### **D. READINESS TO PROCEED:**

See Instructions for details of how to complete and provide proper documentation. No partial points will be given. If all readiness documents are not submitted and completed properly then no points will be awarded in the category.

PROGRAM OPERATOR	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
In-House Administration			
Sub-recipient Agreement			
Consultant Hired			

ENVIRONMENTAL	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
Complete Environmental Review Record (EER)			
Environmental Finding Form			
Form 58.6			

SPECIAL CONDITIONS	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
PI Plan committing Funds			
Draft Disaster Relief Plan			

READINESS	INDICATE "Yes" OR "No"	DOCUMENTATION Submitted	PAGE NO.
Waiting List – Eligible Participants or Demand			
New program with hired staff and ready to start operations			
Existing program in process now			
(For ED) Loan guidelines prepared			